

House Bill 2511

Sponsored by Representative SCHOUTEN; Representatives GREENLICK, HERNANDEZ, NOSSE, Senator MONNES ANDERSON (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires health benefit plan, health care service contract and medical assistance coverage of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome.

Requires Oregon Health Authority to conduct education and outreach campaign in collaboration with advisory council with specified membership.

A BILL FOR AN ACT

1
2 Relating to pediatric mental health disorders; creating new provisions; and amending ORS 414.065
3 and 750.055.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2019 Act is added to and made a part of the Insurance Code.**

6 **SECTION 2. (1) A health benefit plan, as defined in ORS 743B.005, must cover the cost**
7 **of treatment for pediatric autoimmune neuropsychiatric disorders associated with**
8 **streptococcal infections and pediatric acute-onset neuropsychiatric syndrome, including but**
9 **not limited to intravenous immunoglobulin therapy and plasmapheresis.**

10 **(2) This section is exempt from ORS 743A.001.**

11 **SECTION 3. Section 4 of this 2019 Act is added to and made a part of ORS chapter 414.**

12 **SECTION 4. The types and extent of health care and services to be provided in medical**
13 **assistance, as determined by the Oregon Health Authority under ORS 414.065, must include**
14 **treatment for pediatric autoimmune neuropsychiatric disorders associated with streptococcal**
15 **infections and pediatric acute-onset neuropsychiatric syndrome, including but not limited to**
16 **intravenous immunoglobulin therapy and plasmapheresis.**

17 **SECTION 5. (1) As used in this section, "PANDA/PANS" means pediatric autoimmune**
18 **neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset**
19 **neuropsychiatric syndrome.**

20 **(2) The Oregon Health Authority shall conduct a campaign to provide education and**
21 **outreach to the public about PANDA/PANS. The authority shall appoint an advisory council**
22 **to assist in developing and carrying out the campaign.**

23 **(3) Members of the advisory council must include, but are not limited to:**

24 **(a) Members of organizations that serve children with PANDA/PANS;**

25 **(b) Health care providers; and**

26 **(c) Educators.**

27 **SECTION 6. ORS 414.065 is amended to read:**

28 414.065. (1)(a) With respect to health care and services to be provided in medical assistance
29 during any period, the Oregon Health Authority shall determine, subject to such revisions as it may

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 make from time to time and subject to legislative funding and paragraph (b) of this subsection:

2 (A) The types and extent of health care and services to be provided to each eligible group of
3 recipients of medical assistance.

4 (B) Standards, including outcome and quality measures, to be observed in the provision of health
5 care and services.

6 (C) The number of days of health care and services toward the cost of which medical assistance
7 funds will be expended in the care of any person.

8 (D) Reasonable fees, charges, daily rates and global payments for meeting the costs of providing
9 health services to an applicant or recipient.

10 (E) Reasonable fees for professional medical and dental services which may be based on usual
11 and customary fees in the locality for similar services.

12 (F) The amount and application of any copayment or other similar cost-sharing payment that the
13 authority may require a recipient to pay toward the cost of health care or services.

14 (b) The authority shall adopt rules establishing timelines for payment of health services under
15 paragraph (a) of this subsection.

16 (c) **The types and extent of health care and services to be provided in medical assistance,
17 as determined by the authority under paragraph (a)(A) of this subsection, and the fees,
18 charges, daily rates and global payments determined by the authority under paragraph (a)(D)
19 and (E) of this subsection, must be consistent with ORS 413.234, 414.432, 414.653, 414.710,
20 414.712, 414.728, 414.743, 414.760, 414.762, 414.764, 414.766 and 414.770 and section 4 of this 2019
21 Act and any other provision of law requiring the authority or a coordinated care organization
22 to reimburse the cost of a specific type of care.**

23 (2) The types and extent of health care and services and the amounts to be paid in meeting the
24 costs thereof, as determined and fixed by the authority and within the limits of funds available
25 therefor, shall be the total available for medical assistance and payments for such medical assistance
26 shall be the total amounts from medical assistance funds available to providers of health care and
27 services in meeting the costs thereof.

28 (3) Except for payments under a cost-sharing plan, payments made by the authority for medical
29 assistance shall constitute payment in full for all health care and services for which such payments
30 of medical assistance were made.

31 (4) Notwithstanding subsections (1) and (2) of this section, the Department of Human Services
32 shall be responsible for determining the payment for Medicaid-funded long term care services and
33 for contracting with the providers of long term care services.

34 (5) In determining a global budget for a coordinated care organization:

35 (a) The allocation of the payment, the risk and any cost savings shall be determined by the
36 governing body of the organization;

37 (b) The authority shall consider the community health assessment conducted by the organization
38 and reviewed annually, and the organization's health care costs; and

39 (c) The authority shall take into account the organization's provision of innovative, nontradi-
40 tional health services.

41 (6) Under the supervision of the Governor, the authority may work with the Centers for Medi-
42 care and Medicaid Services to develop, in addition to global budgets, payment streams:

43 (a) To support improved delivery of health care to recipients of medical assistance; and

44 (b) That are funded by coordinated care organizations, counties or other entities other than the
45 state whose contributions qualify for federal matching funds under Title XIX or XXI of the Social

1 Security Act.

2 **SECTION 7.** ORS 750.055, as amended by section 9, chapter 7, Oregon Laws 2018, is amended
3 to read:

4 750.055. (1) The following provisions apply to health care service contractors to the extent not
5 inconsistent with the express provisions of ORS 750.005 to 750.095:

6 (a) ORS 705.137, 705.138 and 705.139.

7 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398
8 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS
9 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,
10 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

11 (c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not
12 including ORS 732.582.

13 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
14 to 733.780.

15 (e) ORS 734.014 to 734.440.

16 (f) ORS 735.600 to 735.650.

17 (g) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to
18 742.542.

19 (h) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.019, 743.020, 743.022, 743.023,
20 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406,
21 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650
22 to 743.656, 743.680 to 743.689, 743.788 and 743.790.

23 (i) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,
24 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
25 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,
26 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,
27 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2,
28 chapter 771, Oregon Laws 2013, **and section 2 of this 2019 Act.**

29 (j) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195 to 743B.204, 743B.220,
30 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
31 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340,
32 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450,
33 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
34 and 743B.800 and section 5, chapter 7, Oregon Laws 2018.

35 (k) The following provisions of ORS chapter 744:

36 (A) ORS 744.001 to 744.009, 744.011, 744.013, 744.014, 744.018, 744.022 to 744.033, 744.037, 744.052
37 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

38 (B) ORS 744.605, 744.609, 744.619, 744.621, 744.626, 744.631, 744.635, 744.650, 744.655 and 744.665,
39 relating to the regulation of insurance consultants; and

40 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

41 (L) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,
42 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

43 (2) The following provisions of the Insurance Code apply to health care service contractors ex-
44 cept in the case of group practice health maintenance organizations that are federally qualified
45 pursuant to Title XIII of the Public Health Service Act:

1 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-
 2 ates an in-house drug outlet.

3 (b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse
 4 practitioner associated with a group practice health maintenance organization.

5 (3) For the purposes of this section, health care service contractors are insurers.

6 (4) Any for-profit health care service contractor organized under the laws of any other state that
 7 is not governed by the insurance laws of the other state is subject to all requirements of ORS
 8 chapter 732.

9 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-
 10 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

11 (b) A health care service contractor's classification as a domestic insurance company under
 12 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510
 13 to 734.710.

14 (6) The Director of the Department of Consumer and Business Services may, after notice and
 15 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025
 16 and 750.045 that are necessary for the proper administration of these provisions.

17 **SECTION 8.** ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section
 18 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59,
 19 Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws
 20 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section
 21 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter
 22 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, and section 10, chapter 7,
 23 Oregon Laws 2018, is amended to read:

24 750.055. (1) The following provisions apply to health care service contractors to the extent not
 25 inconsistent with the express provisions of ORS 750.005 to 750.095:

26 (a) ORS 705.137, 705.138 and 705.139.

27 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398
 28 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS
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 32 including ORS 732.582.

33 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
 34 to 733.780.

35 (e) ORS 734.014 to 734.440.

36 (f) ORS 735.600 to 735.650.

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 38 742.542.

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3 **of this 2019 Act.**

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5 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
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7 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450,
8 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
9 and 743B.800 and section 5, chapter 7, Oregon Laws 2018.

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12 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

13 (B) ORS 744.605, 744.609, 744.619, 744.621, 744.626, 744.631, 744.635, 744.650, 744.655 and 744.665,
14 relating to the regulation of insurance consultants; and

15 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

16 (L) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,
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18 (2) The following provisions of the Insurance Code apply to health care service contractors ex-
19 cept in the case of group practice health maintenance organizations that are federally qualified
20 pursuant to Title XIII of the Public Health Service Act:

21 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-
22 ates an in-house drug outlet.

23 (b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse
24 practitioner associated with a group practice health maintenance organization.

25 (3) For the purposes of this section, health care service contractors are insurers.

26 (4) Any for-profit health care service contractor organized under the laws of any other state that
27 is not governed by the insurance laws of the other state is subject to all requirements of ORS
28 chapter 732.

29 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-
30 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

31 (b) A health care service contractor's classification as a domestic insurance company under
32 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510
33 to 734.710.

34 (6) The Director of the Department of Consumer and Business Services may, after notice and
35 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025
36 and 750.045 that are necessary for the proper administration of these provisions.

37